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State of Indiana

Indiana Family and Social Services Administration

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Updated - Safe recovery site for vulnerable Hoosiers experiencing or at risk of COVID-19

The state of Indiana is striving to ensure that all Hoosiers have a safe place to recover from a coronavirus infection while decreasing the likelihood of spreading the disease to others. The state is providing a program that offers a safe recovery location for vulnerable populations. This program will offer individual rooms with a private bathroom, supportive services including medical staff and case management, and nutrition to the clients it serves. Duration of stay will be based on medical guidance from Indiana State Department of Health. Updated target populations, requirements and referral information, including a phone form and referral criteria for populations who cannot isolate in their homes are listed below.

Target populations:

- Individuals experiencing homelessness
- People experiencing domestic violence
- Clients of DMHA licensed residential sites
- Clients of hospitals or community mental health centers who are:
 - (1) COVID-19 positive or suspected to be positive, and
 - (2) cannot safely isolate at home due to family size or layout of home. Clients may be accepted by referral from agencies to the following counties:
 - Marion
 - Hendricks
 - Boone
 - Hamilton
 - Madison
 - Hancock
 - Shelby
 - Johnson
 - Morgan



Requirements:

- Meet target population criteria
- Have either tested positive for COVID-19, are symptomatic and recommended to isolate by a medical professional, or have been exposed to COVID-19 and have been recommended to quarantine by a medical professional
- Over 18 years of age or families with children under 17 years of age
- Stating willingness to comply with isolation in single room for requested duration (partner and children ages 17 and under who are in client's custody, and already exposed to client, may stay with client)
- O2 Sat greater than 93% on room air
- Able to complete activities of daily living
- Not meeting criteria for grave disability due to mental health symptoms
- No immediate danger to self or others

Referral:

Indianapolis emergency departments or hospitals, outpatient clinics, and DMHA residential sites serving target population and county public health departments may call the following phone number daily between 8 a.m. and 8 p.m. EST to make a referral: **(317) 556-1544**

Requested Information at time of referral:

- Name, Date of Birth, SSN, gender
- Any family members accompanying the client
- Date and time and location of COVID-19 test (report of result as available)
- Release of information for institution to release COVID-19 test results to Safe Recovery Site
- Reported last substance and/or alcohol abuse and any known past history of withdrawal, including seizures
- Known mental health issues and compliance with therapy (injectable psychiatric medications)
- Behavioral health provider and/or primary care provider (name and contact information)
- Medication supply status (report number of days, 14 days supply required)
- Allergies (food and medication)
- Discharge instructions including medication list if available (please provide copy for nurse on site)
 - Diabetic clients: Does client have meter with him/her?
 - Clients with wounds: Does client have wound care supplies?
- If guest is a pet owner, current location of pet

- Reported violence in past 24 hours or during hospital stay
- Location and contact information of referring institution

NOTES:

- Individuals transferred to the safe recovery site without prior triage and acceptance will not be able to enter location.
- Referring agencies must arrange transportation to and from site
- Marion and surrounding counties will be given priority and other referrals from other counties may be admitted based on bed availability

Appendix A: Phone referral information

Date: _____ Room number being held: _____

Agency referring: _____

Full name and job title of person referring: _____

Contact information of person referring: _____

Time call received: _____ ETA of client: _____ Time client arrived: _____

(Please use appropriate judgement when clients arrive after ETA, error on intaking clients)

Client first name: _____ MI: _____ Last name: _____

Client DOB: _____ Age: _____ Client gender: _____

Language: _____

COVID-19 testing status and reason for referral: _____

Substance and mental illness needs: _____

Last substance/alcohol use? _____

Client able to ambulate and care for themselves? Y / N

Does the client use: walker/wheelchair/cane? Y / N

Is the client having homicidal or suicidal thoughts? Y / N

Is the client supposed to be on medications? Y / N

Does the client have access to medications? Y / N

- If not, a minimum of 14-supply of medications will need to be obtained from referring provider
- Is client coming with hospital discharge instructions?
- Is client coming with all needed medical supplies (e.g., bandages for wound care)?
- If client has diabetes, are they coming with a glucometer?

Can client self-administer medications? Y/N

Will client come with a pet? Y / N

Meets requirements: Y / N

Please place completed referral in Referral Mailbox.

*** No self-referrals***

Safe recovery site referral criteria for populations who cannot isolate in their homes

1. Does anyone who resides with you have any of the following conditions:
 - a. Diabetes
 - b. Chronic Obstructive Pulmonary Disease/emphysema/bronchitis (do you use inhalers or oxygen?)
 - c. Asthma (do you use inhalers)
 - d. Heart disease (heart attack, heart failure)
 - e. Over the age of 60
 - f. Pregnant
 - g. Very overweight
 - h. Weakened immune system (Is anyone a transplant or cancer treatment patient, anyone taking medications that would weaken their immune system)
 - i. Kidney failure (on dialysis)

If yes =should be considered a candidate for SRS; and the family should be referred to MCPHD for contact tracing/testing

2. Are you able to care for yourself?

1. Yes
2. No

ii. If yes= candidate for SRS

3. Are you the primary care giver for children or adults that currently live with you? **If so, can someone else provide this care while you recover? If not determine availability of space for family at SRS**
4. Do you have a room within your residence that you are able to isolate or quarantine from others? (Could you be in an area away from everyone else with the door closed)
 - a. Yes
 - b. No
 - i. **If no=candidate for SRS**
5. Do you have transportation to the safe recovery site
 - a. Yes
 - b. No
 - i. **Transportation is required for these individuals**